NOTICE OF AWARD

SAI NUMBER:

PMS DOCUMENT NUMBER:

1A. AGENCY CODE (Awarding Agency)

1B. AGENCY CODE (Funding Agency)

2. ASSISTANCE TYPE:

3. AWARD NO.:

4A. APPLICATION NO.:

4B. AMEND. NO.:

5. TYPE OF AWARD:

- New
- Continuation
- Revision

If Revision, select appropriate letter(s):

6. TYPE OF ACTION:

7. AWARD AUTHORITY:

8. BUDGET PERIOD: THRU

9. PROJECT PERIOD: THRU

10. CFDA NUMBER:

11. AWARD/RECIPIENT LEGAL BUSINESS NAME

Grantee Authorizing Official:

12. PROJECT / PROGRAM TITLE:

13. COUNTY:

14: LEGAL BUSINESS CONGRESSIONAL DISTRICT:

15. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR:

Prefix:

First Name:

Middle Name:

Last Name:

Suffix:

16. APPROVED BUDGET:

Personnel compensation (11).....	$
Personnel benefits (12).....	$
Travel and transportation of persons (21.0).....	$
Equipment (31.0).....	$
Supplies and materials (26.0).....	$
Other contractual services (25)....	$
Land and structures (32.0).....	$
Other.....	$
Direct Costs.....	$
Indirect Costs.....	$
At % of $	
In Kind Contributions.....	$
Total Approved Budget.....	$

17. AWARD COMPUTATION:

A. NON-FEDERAL SHARE.....	$	%
B. FEDERAL SHARE.....	$	%

18. FEDERAL SHARE COMPUTATION:

A. TOTAL FEDERAL SHARE.....	$
B. UNOBLIGATED BALANCE FEDERAL SHARE.....	$
C. FED. SHARE AWARDED THIS BUDGET PERIOD..	$

19. AMOUNT AWARDED THIS ACTION: $

20. FEDERAL $ AWARDED THIS PROJECT PERIOD: $

21. AUTHORIZED TREATMENT OF PROGRAM INCOME:

22. APPLICANT EIN:

23. PAYEE EIN:

24A. OBJECT CLASS:

24B. APPLCABLE INDIRECT COST RATE: %

25. FINANCIAL INFORMATION:

RECIPIENT UNIQUE IDENTIFIER

ORGN	DOCUMENT NO.	TREASURY ACCOUNT SYMBOL	CAN NO.

NEW AMT.	UNOBLIG.	NONFED %
$	$	

26. REMARKS:

27. SIGNATURE - ACF GRANTS OFFICER

First Name:

Last Name:

Title:

DATE:

28. SIGNATURE(S) CERTIFYING FUND AVAILABILITY

First Name:

Last Name:

29. SIGNATURE AND TITLE - PROGRAM OFFICIAL(S)

First Name:

Last Name:

Title:

DATE: